IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Social and Charitable Gambling Unit

Veterans Organization Card Tournament License Application

Name of Veterans Organization Applying for the Card Tournament License:		Organization Telephone Number (including area code):	
Organization Mailing Address:			
City:	State:		Zip Code:
Responsible Person's Name (Last Name, First):		Social Security Number:	
Responsible Person's Mailing Address:		Telephone Number (including area code):	
City:	State:	l	Zip Code:
Date You Want License to Begin:	Address and Maximum Occupancy of Premises Where Tournament Will Be Held:		
 "Card game" means only poker, pinochle, pitch, gin rummy, bridge, euchre, hearts, or cribbage. "Card game tournament" or "tournament" means a series of card games held during a consecutive period of 24 hours or less and not held as part of an annual game night licensed pursuant to Iowa Code section 99B.8. "Qualified organization representing veterans" means a licensed organization representing veterans, which is a post, branch, or chapter of a national association of veterans of the armed forces of the United States which is a federally chartered corporation, dedicates the net receipts of a game of skill, game of chance, or raffle as provided in section 99B.7, is exempted from federal income taxes under section 501(c)(19) of the Internal Revenue Code as defined in section 422.3, has an active membership of not less than twelve (12) persons, and does not have a self-perpetuating governing body and officers. 			
Additional Requirements Additional Requirements Additional Requirements Applicants must submit a comple \$100 license fee. Documentation Proof the applicant has held tournament will be held for A copy of the Internal Reverence exempt from federal incommodities. I have enclosed a check payable to State of Iowa Tournament License. I understand the 199B, the administrative rules of the Iowa Department of Internation Department Depar	mitted at least 30 days of one year. Seted license application includes the followed regular meetings of the last eight monther the last eight monther than the last eigh	eys in advance ion, including ing: If the organizations, and ination letter son 501(c)(19). Inount of \$100 with the require	of the first tournament. required documentation and a gion on the premises where the howing the organization is D as payment for a <i>Veterans</i> rements in Iowa Code Chapter
Signature of Responsible Person			Date

Mail completed application and \$100 fee to:

Iowa Department of Inspections and Appeals Social and Charitable Gambling Unit Lucas State Office Building 321 East 12th Street Des Moines, Iowa 50319-0083